

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 593299

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	1		1			
9	1		1			
10	2		1			
11	1		1			
12			1			
13	①		1			
14	1		1			
15	1		1			
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TOTAL IND.	5		5			
TOTAL DEP.	16	←	15	←		
TOTAL CLAIMS	21		20			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						